

<b>Case Number:</b>	CM15-0059442		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/08/2006
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old male who sustained an industrial injury on Sept 8, 2006. The injured worker is status post a lumbar fusion, two spinal cord stimulator (SCS) implants with subsequent explants and multiple lumbar epidural steroid injections (ESI). The injured worker was diagnosed with degenerative disc disease of the lumbar spine, lumbar radiculopathy, lumbar postlaminectomy pain syndrome, lumbar spondylosis, cervical radiculopathy, cervical herniated disc, cervical spinal stenosis, cervical spondylosis, cervical degenerative disc disease and cervicalgia. Treatment to date includes diagnostic testing, physical therapy, chiropractic therapy, acupuncture therapy, surgery, epidural steroid injections (ESI), failed spinal cord stimulator (SCS) and medications. According to the primary treating physician's progress report on February 3, 2015, the injured worker continues to experience neck, thoracic and low back, both arms and leg pain. His neck pain is rated as 5/10 and he reports numbness and pain in the bilateral upper extremities into the hands. His low back pain is 7/10 on the pain scale with associated numbness and weakness of the bilateral lower extremities, which is greater on the left side. The injured worker uses a single point cane for ambulation. Examination of the cervical spine demonstrated no tenderness to palpation and full range of motion in all planes except for cervical extension and left sided cervical lateral flexion with positive Spurling's on the left side. Lumbar spine examination demonstrated tenderness to palpation along the mid to lower lumbar paraspinal muscles and sacroiliac (SI) joints bilaterally. Active range of motion was limited to pain with bilateral positive straight leg raise. The injured worker was noted to have a stocking and glove distribution sensory loss to light touch. Current medications are listed as Percocet, Zanaflex and Zofran. Treatment plan includes performing the authorized L5-S1 interlaminar epidural steroid injection (ESI) and the current request for renewal of the above medications.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Zanaflex 4mg tab 1 PO BID PRN #60 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

**Decision rationale:** In accordance with the California MTUS guidelines, Zanaflex is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Zanaflex is not medically necessary.

**Zofran 4mg tab 1 tab PO QD PRN #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Antiemetics.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG. Zofran.

**Decision rationale:** The California MTUS guidelines do not address the usage of Ondansetron. Likewise, the ODG guidelines were utilized in making this determination. The ODG guidelines state that Zofran is FDA approved for gastroenteritis, chemotherapy and radiation induced nausea and vomiting, and in the immediate postoperative period. Records do not indicate that this patient has any of the aforementioned conditions. Likewise, this request for Zofran is not medically necessary.

**Percocet 10/325mg tab 1 PO q6 hours #120 no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 92 & 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.. Decision based on Non-MTUS Citation ODG Chronic Pain.

**Decision rationale:** In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, his disability status is listed as "per primary treating physician." It is not at all clear that he has returned to work. Additionally, the ODG does not recommend short acting narcotics as first line treatment for chronic nonmalignant pain. ODG also states that the long term efficacy for the treatment of chronic nonmalignant pain remains uncertain. Percocet is a short acting narcotic and this patient has chronic nonmalignant pain. Likewise, this request is not medically necessary.